

Date & Time Received: \_\_\_\_\_

By Whom: \_\_\_\_\_

CITY OF BIRMINGHAM

DEPARTMENT OF PLANNING, ENGINEERING & PERMITS

710 20<sup>th</sup> Street, North

ROOM 500, CITY HALL

BIRMINGHAM, ALABAMA 35203

William A. Bell, Sr., Mayor

Andre V. Bittas, Director

Date of Application \_\_\_\_\_ ☐ New ☐ Existing

(1) NAME OF FACILITY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
ZIP CODE: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_

(2) NAME OF OPERATOR/PROVIDER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
ZIP CODE: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_

(3) NAME OF ☐ FAMILY CARE HOME (1-6 children) ☐ FAMILY GROUP CARE HOME (7-12 children)  
☐ CHILD CARE CENTER (13 or more) ☐ ACCESSORY USE CHILD CARE CENTER  
☐ ADULT CARE

(4) TOTAL NUMBER OF CHILDREN/ADULTS CARED FOR AT FACILITY: \_\_\_\_\_

(5) DAYS / HOURS OF OPERATION  
\_\_\_\_\_  
\_\_\_\_\_

(6) EMPLOYEES NAME AND ADDRESS, (excluding Operator/Provider)

Name	Address	Position (Full/Part Time, Substitute and Alternate)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(7) If facility is a FAMILY CARE HOME (1-6 children) or a FAMILY GROUP CARE HOME (7-12 children, 6 years of age or younger must be listed below):

Name	Date of Birth	Sex
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

By my signature below, I hereby certify that all of the information provided on this application is true and correct. I understand that no changes in the operation of this facility may be made without approval of the Department of Planning, Engineering and Permits. I also understand that this application and Zoning Certificate of Operation, if granted, are not transferable.

(8) Operator/Provider: \_\_\_\_\_ Date: \_\_\_\_\_

(To be filled out by the Department of Planning, Engineering and Permits)

Z.C.O. NUMBER \_\_\_\_\_

BUSINESS LICENSE NUMBER \_\_\_\_\_

D.H.R. NUMBER \_\_\_\_\_

ANNIVERSARY DATE \_\_\_\_\_

P.I.D. \_\_\_\_\_

ZONE DISTRICT \_\_\_\_\_

NEIGHBORHOOD \_\_\_\_\_

TYPE OF FACILITY:    ☐ Single Family Detached                      ☐ Other \_\_\_\_\_

PARKING SPACES:      Required\_\_\_\_\_                      Provided\_\_\_\_\_                      Improved\_\_\_\_\_

Pick-Up / Drop-Off Area required by Department of Traffic Engineering: ☐ Yes ☐ No

Playground Area / Equipment \_\_\_\_\_

Signage \_\_\_\_\_

1,000 foot spacing requirement \_\_\_\_\_

Zoning Case \_\_\_\_\_ Z.B.A. Code \_\_\_\_\_ Subdivision Case \_\_\_\_\_

Date sent to Neighborhood \_\_\_\_\_

NOTES \_\_\_\_\_

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☐ Approved      ☐ Denied      By \_\_\_\_\_ Date \_\_\_\_\_